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(Requestor's Name)

(Address)

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☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/26/16--01006--025 **78.75

FILED
16 MAY 26 PM 3:55
JUL 16 2016

6/2/14

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Renfroe & Miller Enterprises, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: James P. Renfroe

Name (Printed or typed)

8836 Fieldside Ct.

Address

Jacksonville, FL 32244

City, State & Zip

904-955-1186

Daytime Telephone number

Gmonkeys2016@Yahoo.Com

E-mail address: (to be used for future annual report notification)

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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Renfroe & Miller Enterprises, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8836 Fieldside Ct.

Jacksonville, FL 32244

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

1,000 Shares

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James P Renfroe, Director

Name and Title: _____

Address 8836 Fieldside Ct

Address: _____

Jacksonville, FL 32244

Name and Title: Scott L Miller, Director

Name and Title: _____

Address 1532 Arcadia Dr

Address: _____

Jacksonville, FL 32207

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: James P Renfroe
Address: 8836 Fieldside Ct
Jacksonville, FL 32244

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: James P Renfroe
Address: 8836 Fieldside Ct
Jacksonville, FL 32244

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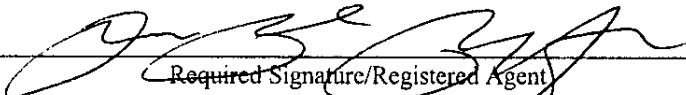
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

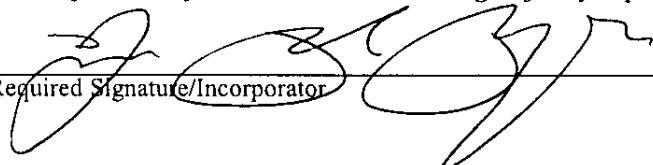
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

(K) 
Required Signature/Registered Agent

5/24/16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

(S) 
Required Signature/Incorporator

5/24/16
Date